

CHP - Child Health - Preschool (3-5 Years)

CHP-CAR CAR SEATS AND AUTOMOBILE SAFETY

OUTCOME: The patient/family will understand measures that will improve car safety.

STANDARDS:

1. Stress the use of a properly fitted, properly secured, NTSB approved car seat EVERY TIME the child rides in a vehicle. The car seat for the youngest child should be in the middle of the back seat of the vehicle. The child can use a booster seat at 4 years and 40 pounds.
2. Explain the dangers posed by things that might divert attention from driving, such as smoking, cell phone use, eating, CDs and radios, etc.
3. Emphasize the importance of never driving while under the influence of alcohol, sedatives, and/or street drugs.
4. Emphasize not to leave infant/children unattended in a vehicle (motor running, not running, keys in car) due to potential incidents; e.g., vehicle gears shifted and car goes in motion, electric windows cause injury to child, keys locked in vehicle with child, heat/cold exposure, abduction or child wandering away.

CHN-ECC EARLY CHILD CARIES

OUTCOME: The patient/family will understand the importance of good oral hygiene.

STANDARDS:

1. Discuss the importance of not using baby bottles at all in this age group.
2. Review oral hygiene habits. Discuss that the whole family should practice good oral hygiene. Explain methods of infant oral hygiene, i.e. use of a soft washcloth, soft tooth brush, or infant tooth cleaner to clean the gums/teeth.
3. Discuss, as appropriate, fluoride supplementation and the indications for fluoridated toothpaste and when non- fluoridated tooth paste should be used.
4. Discuss teething as appropriate.
5. Discuss the importance of regular dental examinations.

CHP-FU FOLLOW UP

OUTCOME: The patient/family will understand the importance of keeping routine well child visits.

STANDARDS:

1. Discuss that well child visits are important to follow growth and development, screen for disease and update immunizations.
2. Inform the patient/family of the timing of the next well child visit.
3. Discuss the procedure for making appointments.

CHP-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent will understand the growth and development of a preschool age child and will plan to provide a nurturing environment.

STANDARDS:

1. Discuss characteristics such as a short attention span, imagination, high mobility and learning through play and peers.
2. Discuss the most common fears of this age; separation from parents, mutilation, immobility, the dark, and pain.
3. Discuss that night terrors are a normal developmental phenomenon and they are not indicative of underlying problems.
4. Review age appropriate physical growth and development.

CHP-L LITERATURE

OUTCOME: The parents/family will receive literature about child health issues.

STANDARDS:

1. Provide the parents/family with literature on child health issues.
2. Discuss the content of literature.

CHP-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient and family will understand the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.

- e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

CHP-N NUTRITION

OUTCOME: The parent will understand the nutritional needs of the preschooler.

STANDARDS:

1. Review the basics of a healthy meal plan. Explain that serving sizes for children are smaller than for adults. A typical serving size would 1 tablespoon serving from each food group per year of age.
2. Encourage structured family meal times and healthy snacks between meals. Emphasize the importance of healthy snack foods, limit fatty foods and refined carbohydrates, increase fresh fruits, fresh vegetables, and fiber.
3. Discuss the relationships between childhood obesity and adult obesity. Relate the risk of diabetes to obesity.
4. Explain that this is a critical age when children form their eating habits. Encourage the parents to model eating habits that are essential to developing a healthy weight.

CHP-PA PARENTING

OUTCOME: The parent/family will understand the transition from toddler to school age and will plan to provide a nurturing environment for this period of development.

STANDARDS:

1. Discuss age appropriate disciplinary aspects:
 - a. Emphasize that children at this age are striving for greater independence and that in so doing they often test parental boundaries.
 - b. Discuss that increasing mobility increases the risk of injury.
 - c. Redirection is appropriate for some behaviors, especially in younger children.
 - d. Time-out can be an effective disciplinary technique. Discuss methods of using time-out effectively.
 - e. Encourage parents/caregivers to set limits and praise good behavior.
 - f. Discuss that hitting, biting, and aggressive behaviors are common in this age group and require consistent parenting and disciplinary techniques.

2. Discuss common aspects of preschool behavior:
 - a. Explain the need for preschoolers to have group interaction with children of similar age and gender. Explain the importance of teaching children to respect others and accept their differences. Discourage bullying and belittling behaviors.
 - b. Emphasize that preschool growth is at a rapid pace. Their rapidly increasing mobility and agility combined with their limited problem solving ability means that they need adult supervision.
 - c. Discuss common fears of this age and the need for parental support.
3. Parental/family behaviors:
 - a. Discuss that drinking and smoking in the presence of children may promote this behavior in the child.
 - b. Discuss that children who witness violent or abusive behaviors may mimic these behaviors.
 - c. Discuss the need for parental discretion as the child's vocabulary is expanding. Protect your children from language you don't want them to repeat, e.g., television, music, conversations.

CHP-S SAFETY

OUTCOME: The parent/family will develop a plan for injury prevention.

STANDARDS:

1. Explain that with increasing independence children of this age are at risk for accidents. Continue vigilance to dangers of drowning, open flames, suffocation, poisonings, animal bites, electrocution, and motor vehicle crashes.
2. Emphasize the need for protective equipment, e.g., bike helmets, knee pads, elbow pads. Discourage independent operation of any motorized vehicle, including electrical vehicles.
3. Emphasize the continued need for passenger safety devices. Children still need booster seats through 8 years of age and 80 pounds.
4. Emphasize the importance of carefully selecting child-care settings to assure child safety. Discuss stranger safety and personal safety, e.g., private parts of the child's body.
5. Emphasize the importance of teaching the child how to safely cross the street.
6. Encourage participation in child identification programs. Discuss the importance of teaching the child parent's name, complete address including state, complete telephone number including area code, and emergency phone numbers, e.g., 911.

CHP-SHS SECOND-HAND SMOKE

OUTCOME: The patient/family will understand the adverse health consequences associated with exposure to second-hand tobacco smoke and discuss methods for limiting exposure of nonsmokers to tobacco smoke.

STANDARDS:

1. Define “passive smoking” ways in which exposure occurs, e.g., moldering cigarette, cigar, or pipe, smoke that is exhaled from active smoker, smoke residue on clothing, upholstery, carpets or walls.
2. Discuss harmful substances in smoke, e.g., nicotine, benzene, CO, carcinogens.
3. Explain the increased risk of illness in children when exposed to cigarette smoke either directly or via second-hand smoke, e.g., increased colds, asthma, ear infections, pneumonia.
4. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness even if the patient is not in the room at the time that the smoking occurs.
5. Discuss factors that increase level of exposure to second-hand smoke and preventive methods for minimizing this exposure.
6. Encourage smoking cessation or at least never smoking in the home or car.